

EXHIBIT A

**REPLACEMENT PAGE ONE FOR PT COMMUNICATIONS, INC.'S
APPLICATION FOR A CERTIFICATE TO BECOME A TELECOMMUNICATIONS
CARRIER**

Docket No. _____
ICC Office Use Only

PT Communications, Inc.

Application for a certificate of local authority
to operate as a reseller and facilities based/UNE-P
carrier of telecommunications services throughout the
State of Illinois

Docket No.

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) PT Communications, Inc. FEIN 20-0386917

Address: Street 7333 N. Oak Park Ave

City Niles State/Zip IL 60714

2. Authority Requested: (Mark all that apply)
- ☐ 13-403 Facilities Based Interexchange
- ☒ 13-404 Resale of Local and/or Interexchange
- ☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explaining why Applicant is requesting each waiver/variance.

- ☒ Part 710 Uniform System of Accounts for Telecommunications Carriers
- ☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois
- ☒ Section 735.180 Directories
- ☐ Other _____